

REVOCATION AND SUBSTITUTE POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

10/039,887				
January 3, 2002				
Robert C. Woodward				
3739				
Aaron Roane				
P030				

					on in the chara idea	tified applicat	tion, and I	
I hereby rev	oke all previ	ous powers of attorney	y or authorizations of a	gent give	en in the above-iden	med applica	non, and i	
hereby appo		44. 1					•	
∑ Pri	actitioner(s)	named below:		D/	egistration Number		7	
	Name							
	C. Smith		20,355 54,670				7	
Antor	ia Sequeira		54,070					
-							340	
<u> </u>			the application identified	ed abov	e and to transact al	business in	the United States	
as my/our a	ittomey(s) o: Trademark (r agent(s) to prosecute Office connected there	ewith.	CU UDOV	0, 6010 10 110.10000 11			
Plass cha	oge the corr	espondence address	to, and associate the al	ove-ide	ntified application wi	th:		
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			00758					
⊠ Pr	actitioners a	at Customer Number	00/56					
	•							
OR								
Firm or Individual	ial Name		· · · · · · · · · · · · · · · · · · ·					
Address								
Address			- V.	State		Zip		
City				Oldio				
Country				Fax				
Telephone	-							
I am the:								
	icant/invento						· ·	
X Assi	gnee of reco	ord of the entire interes	st. See 37 CFR 3.71.	me)				
State	ement under		closed. (Form PTO/SE		of Pacond			
	7	SIGNATU	RE of Applicant or As	signee c	or nacord			
Name	Ron Devore							
Title	Assistant	Secretary	1					
Signature *	To the	mall ().	Nim					
Signature Date	Ma	1 25,7004						
NOTE: Signatures of	all the invent	or assignees of recor	rd of the entire interest or	heir repre	esentative(s) are requi	red. Submit m	ultiple forms if more	
than one signature is	required, see	below.						
☑ *Total of one form	r is submitted							